

Krooth & Altman LLP
1850 M Street, N.W., Washington, D.C. 20036-5803

Telephone: (202) 293-8200

SECRETARY OF
Telex: (202) 293-8200
02 JUN 10 2002

March 25, 2002

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

Re: Lobbying Registration Forms

Dear Clerks:

Enclosed please find one original of the following document:

Semi-annual report for Krooth & Altman LLP regarding Healthcare Financing Study Group (Committee for Government Programs)

If you need any further information, please do not hesitate to contact me.

Sincerely,

Krooth & Altman LLP

Deborah L. Steplowski

Deborah L. Steplowski
Office Manager

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE
02 JUN 10 PM

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name			
Krooth & Altman LLP			
2. Address <input type="checkbox"/> Check if different than previously reported			
1850 M Street, Suite 400, Washington, DC 20036			
3. Principal Place of Business (if different from line 2)			
City: Washington	State/Zip (or Country)	DC	20036
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Deborah L. Steplowski	(202) 293-8200		21927-36
7. Client Name <input type="checkbox"/> Self			6. House ID #
Healthcare Financing Study Group			

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e)(2)(C) Internal Revenue Code</p>
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Signature _____

Printed Name and Title **Michael E. Mazer - Attorney**

LD-2 (REV. 6/98)

Registrant Name Krooth & Altman LLP Client Name Healthcare Financing Study Group

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Department of Housing and Urban Development and Veterans' Administration Appropriations and Authorization Matters Budget Reconciliation Package (no specific number)


17. House(s) of Congress and Federal agencies contacted Check if None

Department of Housing and Urban Development
House of Representatives
Office of Management and Budget
United States Senate
Department of Health and Human Resources

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>Libretta, Donald F.</u>	<u>Attorney...</u>
<u>Mazer, Michael E.</u>	<u>Attorney...</u>
.....
.....
.....
.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 3-25-0

Printed Name and Title **Michael E. Mazer - Attorney**

Form 1 D.2 (Rev 6/98)

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